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ABSTRACT

This report proposes a uniform definition of wellness that refers to wellness as a multidimensional state of being, describing the existence of positive health in an individual as exemplified by quality of life and a sense of wellbeing. Several important characteristics included in this definition are: wellness is multidimensional; wellness is a state of being described as positive health; wellness is part of health; wellness is possessed by the individual; quality of life and wellbeing are the descriptors of wellness; and health and its positive component (wellness) are integrated. The report notes that wellness is not the same as physical fitness, is not a form of alternative medicine, and is what one is rather than what one does. Critical issues related to wellness include the need to develop valid and reliable methods of assessing wellness and studying the factors that impact wellness once good measures are established. Implications for professionals include: professional organizations should endorse a uniform definition of wellness, programs of wellness must include more than activity and fitness, and wellness can be a useful term that need not be avoided. (Contains 23 references.) (SM)

Research Digest Toward a Uniform Definition of Wellness: A Commentary

President's Council on Physical Fitness and Sports

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President's Council on Physical Fitness and Sports

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Toward a Uniform Definition of Wellness: A Commentary

Why is a uniform definition important?

We think it is important to develop a commonly acceptable definition of wellness: (1) because wellness is a widely used term by health and fitness professionals and the general public, (2) because wellness is defined in many different ways by many different people, (3) because lack of a common definition causes confusion among consumers and professionals, (4) because lack of a clear definition makes it all but impossible to develop a sound body of scientific knowledge related to wellness, and (5) because the lack of a sound body of knowledge can result in quackery and misinformation concerning wellness.

Over the past 50 years there has been much disagreement concerning definitions of physical fitness. In recent years a consensus has emerged and there is now general agreement as to what constitutes true fitness (Corbin, Pangrazi, & Franks, 2000). The emergence of a uniform definition of fitness has helped us clearly communicate its meaning to professionals and lay people alike. The consensus concerning the meaning of fitness has also aided in the development of the body of scientific knowledge on the topic. We believe that it is important to establish a similar consensus for a uniform definition of wellness. Our definition—including our description of what wellness is and is not—is presented in the following section.

What is wellness? Our proposal for a uniform definition.

Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.

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The definition (above) was adapted from definitions by Bouchard, et al., (1990); Corbin, Lindsey, Welk, & Corbin (2002); Corbin, Pangrazi, & Franks, (2000); USDHHS, (2000). The following are important characteristics of our proposed uniform definition of wellness.

- *Wellness is multidimensional.* Though there is some disagreement as to the exact number of sub-dimensions that characterize wellness, there is general agreement among experts (Breuss & Richardson, 1992; Corbin, Lindsey, Welk, & Corbin, 2002; Eldin & Golanty, 1992; Payne & Hahn, 2000) that wellness is multidimensional. The number of dimensions proposed ranges from two (mental and physical) to seven or more, with five to seven being

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New PCPFS Executive Director

Lisa E. Oliphant was named Executive Director of the President's Council on Physical Fitness and Sports, and will help the PCPFS take the lead in motivating and empowering Americans to get fit fast and remain physically active and healthy for life.

the number of dimensions included in many commonly used definitions. The most commonly described sub-dimensions are: physical, social, intellectual, emotional (mental) and spiritual. Other commonly proposed sub-dimensions include vocational and environmental, though these dimensions are not personal in nature. We believe that one's working and physical environments are factors that influence personal wellness, but are not personal wellness factors. Research is necessary to clearly establish the relationship among the sub-dimensions.

- *Wellness is a state of being described as positive health.* More than 50 years ago the World Health Organization defined health as more than freedom from illness, disease, and debilitating conditions (WHO, 1947). The suggestion by the World Health Organization that health had a positive component led to the use of the term wellness—now widely used to describe the state of being representing that positive component (Corbin, Pangrazi, & Franks, 2000). Though wellness, as characterized by well-being and quality of life, is now considered to be a state of being, some early definitions described wellness as a way of life (Dunn, 1959; Ardell, 1985). Vital to our definition is the notion that wellness results from healthy behaviors, rather than the healthy behaviors constituting wellness. Many sources now concur with the notion that wellness is a state of being including Bouchard, Shephard & Sutton (1994) who suggest that “positive health pertains to the capacity to enjoy life and to withstand

challenges.” Authors of popular texts (Breuss & Richardson, 1992; Corbin, Lindsey, Welk, & Corbin, 2002; Eldin & Golanty, 1992; Payne & Hahn, 2000), authors of public health documents (USDHHS, 1979, 1990, 2000), and officials of health organizations (O'Donnell, 1992; University of California Wellness Newsletter Editors, 1991) have described wellness as a state of being rather than a way of living. Note: Webster describes the suffix “-ness” as a “condition, quality or state of being.” Thus words ending with the suffix are necessarily characterized as a condition, quality or state of being.

- *Wellness is part of health.* As noted in the previous section, wellness is the positive component of health. While it may seem redundant, it is important to mention that wellness is part of health. Some early definitions proposed wellness as a broad general concept that included health. Our definition, consistent with current usage, describes wellness as a part of health. Health is the broad general concept. Wellness is a sub-component of health.
- *Wellness is possessed by the individual.* Inasmuch as wellness is a state of being, it is necessarily something that is possessed by the individual. This raises questions as to which of the often-described sub-dimensions are truly sub-dimensions of personal wellness. As noted earlier, clarification of this issue awaits further research and discussion. However, it may be that sub-dimensions such as vocational and environmental (and even social) may be characteristics of the environment that influence

wellness rather than personal or individual wellness components. Given the existing body of knowledge, we currently classify physical, social, intellectual, emotional (mental), and spiritual as the personal sub-dimensions of wellness.

- *Quality of life and well-being are the descriptors of wellness.* Though the early WHO definition indicated that health was more than freedom from illness, it did little to describe exactly what the other elements (other than illness) were. As early as 1959 Dunn proposed "high level wellness for man and society." In 1972 Breslow proposed well-being as a term to extend the WHO definition, and he has continued to use the term in urging the adoption of health promotion programs (Breslow, 1999). In 1982 Ken Cooper in his book *The Aerobics Program for Well-Being* outlined a need for a total sense of well-being, and Ardell (1985) discussed the history and future of wellness. Over the years, authors of widely used textbooks have characterized wellness as quality of life and sense of well-being (Breuss & Richardson, 1992; Corbin, Lindsey, & Welk, 2002; Eldin & Golanty, 1992; Payne & Hahn, 2000) and national health goals suggested a focus on quality of life noting that, in addition to reducing illness, health "... comes from improved quality of life and ... by citizens' well-being" (USDHHS, 2000, p. 6). One of the two overreaching goals of Healthy People 2010 is to increase *quality* and quantity of years (USDHHD, 2000, p. 10). This important public policy statement notes the importance of quality of life that "... reflects a sense of happiness and satisfaction with our lives ..." (USDHHS, 2010, p. 10). There is now a growing consensus that health professionals must focus on factors that **PROMOTE** wellness in a more global or holistic sense, as well as to treat and prevent illness and disease.
- *Health and its positive component (wellness) are integrated.* We have already argued that there are

A Note to the Reader

It has now been nearly ten years since *The President's Council on Physical Fitness and Sports Research Digest* was reestablished. Over this ten-year period the *Digest*, originally published by the Council under the editorship of Dr. H. Harrison Clarke, has focused on synthesizing important information about fitness, health and physical activity. As editors, we have chosen leaders in the field to review the scientific literature and present findings in a format that is easy to understand and useful for professionals as well as lay people. Like Dr. Clarke before us, we (the editors) have occasionally dedicated an issue of the *Digest* to commentary we view to be important (see Corbin, Pangrazi, & Welk, 1994; Corbin, Pangrazi, & Franks, 2000).

In this issue, we comment on **wellness**. Wellness is a term that is widely used by the general public and qualified health professionals, as well as those who pose as "experts" but who lack credentials. Because many programs described as "fitness" programs are now being called "wellness" programs, and because the words fitness and wellness are often used interchangeably, we are proposing a uniform definition of wellness. It is our hope that this commentary will lead to a definition of wellness that will bring more credibility to the term and a more standard usage by professionals. We also hope that the commentary will help lay people understand what wellness is, and what it is NOT.

several sub-dimensions of health and wellness. There is general agreement that none of the sub-dimensions exists as an individual separate state of being. Rather, each sub-dimension relates to all others. As one dimension is affected, so are all others. Likewise, as factors such as healthy behaviors and healthy environments influence each sub-dimension, they influence all dimensions.

What wellness is NOT.

Just as there are several factors that characterize wellness, there are several factors that characterize what wellness is not. We list some here.

- *Wellness is NOT the same as physical fitness.* In a previous section, it was noted that there is now a consensus among experts concerning the nature of physical fitness. Consistent with this definition, there is no doubt that there is a strong relationship between physical fitness and many components of wellness. But physical fitness is neither health, nor wellness. There is considerable evidence that physical fitness, and the behaviors that build it, can reduce risk of illness and early death (USDHHS, 2000). Also fitness can lead to enhanced cognitive functioning and can enhance one's ability to participate in leisure, often a satisfying social experience. However, both health and wellness are much broader terms than physical fitness. Poor health can occur even in highly fit people because of factors beyond personal control such as hereditary conditions or conditions caused by bacterial/viral infections. Physical fitness relates closely with physical wellness, but wellness has more dimensions than the physical alone.
- *Wellness is what you are—NOT what you do.* Definitions by early proponents of wellness (Dunn, 1959; Ardell, 1985) chose to characterize wellness as a way of life. People who did behaviors considered to be "good for you" were characterized as being "well." There are some individuals, and even

organizations, that cling to the notion that wellness is what you do. Nevertheless, the emerging consensus of experts suggests that wellness is a state of being. This should not detract from the message of the early proponents of wellness who professed that "healthy lifestyles are critical." Indeed, healthy lifestyles are important because they promote good health and wellness. Healthy lifestyles are the methods of promoting wellness. They are not descriptors of wellness. Health promotion includes programs designed to encourage healthy lifestyles with the goal of building health, including its positive component (wellness).

- *Wellness is NOT a form of alternative medicine.* More than a few professionals choose not to use the word wellness. In spite of the rejection of the word wellness by some, it has become a popular term. A possible reason for the resistance to the term wellness is its use as a "buzz word" by entrepreneurs, often with questionable credentials. These entrepreneurs would have us believe that if you use their products or perform their programs that you are, by definition, "well." They often encourage unproven methods, sometimes under the guise of alternative medicine. Because wellness is, by definition, a state of being, it is not a treatment or a form of medicine. We share the concern of the editors of the *New England Journal of Medicine* (Angell & Kassirer, 1998) who raise questions about some current uses of the term "alternative medicine." A common definition of wellness as a state of being, not a treatment, can help dispel negative notions about wellness as a meaningful term for professionals.

Critical Issues Related to Wellness

In this commentary we call for a uniform definition of wellness. We suggest that such a definition will lead to acceptance of wellness as a useful term for our society. Though not inclusive, the following list includes issues

that must be resolved if wellness is to be a useful and accepted term.

- *We must develop valid and reliable methods of assessing wellness.* Even if a uniform definition of wellness is accepted it will be of limited value if we do not use sound scientific techniques for measuring it. At present, the measurement of wellness is in an infant stage. Because wellness is multidimensional, assessments that yield a single wellness score are of limited value. It is necessary to identify each sub-dimension and develop instruments for measuring each. There have been some attempts to classify specific measures of wellness including those by Cooper (1982) who proposed such factors as personal energy, ability to enjoy leisure, better self-image and self-confidence, to name but a few. Patrick and Bergner (1990) have also made suggestions about wellness measurement. Quality of life measures have also been identified in current national health policy statements (USDHHS, 2000). Perhaps the most comprehensive effort to classify measures of wellness was done by Caspersen, Powell, and Merritt (1994). They identify classification areas for the assessment of health and well-being. These include five that relate primarily to traditional "health as illness and disability" including: (1) mortality measures, (2) morbidity measures, (3) prevalence of risk factors, (4) use of medical care, and (5) disability measures. Consistent with the notion that health has a positive component, they also include three classification areas that relate to wellness. These include: (1) functional ability (physical, mental, and functional activities), (2) well-being (including bodily well-being, emotional well-being, self-concept, and global perceptions of well-being, and (3) healthy life years. Caspersen, et al. (1994) do an excellent job of describing the available methods of assessment for each of these categories of positive health and discuss the need for objective

measurement. In this chapter on the measurement of health status and well-being they indicate "... contemporary perspectives are focusing on the more positive measures of health status and well-being. The tables in this chapter demonstrate that the newer measures of positive health already are useful. Given time and serious effort, many of these measures should become more widely available, more valid, and even more useful. This development is likely to produce important public health and social reform. In the short run we expect to see an even greater profusion of constructs striving to measure our new understanding of positive health" (p. 196). We concur with Caspersen, et al. (1994) but would like to add that assessment techniques for wellness must be available for all sub-dimensions of wellness OR we must adapt the descriptions of the sub-dimensions of wellness to match the available reliable and valid methods of assessment. To date, most of the existing measures focus on the physical (functional ability, bodily well-being, and healthy life years) and mental/emotional (emotional well-being and self-concept) dimensions.

- *Once good measures are established the factors that affect or influence wellness must be studied.* One of the current problems with the use of the term wellness is that it is used by people with little professional expertise who make claims that may or may not be true. It is widely accepted that unhealthy lifestyles are the principal cause of early death in our society. We know much about how these healthy behaviors relate to illness and death. We know much less about how these healthy lifestyles contribute to wellness. Much needs to be done. Perhaps the movement within psychology to establish a specialty of positive psychology will aid in this effort (Seligman & Csikszentmihalyi, 2000). If wellness, as an indicator of positive health, is to be understood (and respected) it will be critical to have quality

research that establishes which lifestyles (behaviors) promote wellness. Involvement in regular physical activity, healthy eating, and use of stress management techniques are examples of behaviors that contribute to health and wellness but there is much to be learned, even about these. For example: (1) do the same types of physical activities that reduce risk of morbidity and mortality also contribute to wellness? (2) do food supplements enhance wellness? (3) do stress management techniques help only with negative states such as depression and anxiety or do they enhance wellness? What other factors within our control can we change to enhance health and wellness (e.g., environmental, vocational)?

Implications for Professionals

When we agreed to serve as editors of this *Digest* over nine years ago we made it clear that we wanted the *Digest* to be written so that professional teachers, fitness leaders, and health professionals would get practical, useful information based on sound scientific evidence. We also wanted the *Digest* to be done in such a way that educated lay people could benefit from reading it. Consistent with this goal, we offer some implications for readers.

- *Professional organizations should endorse a uniform definition of wellness.* Professional organizations that have members who conduct programs under the label of wellness should develop a clear definition of wellness. Ideally, organizations will work together to identify one uniform definition rather than having competing definitions. We offer our definition as a start. If a consensus of experts arrives at a different definition, all the better. If wellness is to be a meaningful term, we must all mean the same thing when using the term.
- *Use a uniform definition to promote an understanding of wellness.* Once a uniform definition is outlined, it is important for professionals to use the term accurately and consistently. When describing wellness to clients, students, or patients it is important to educate them concerning a uniform definition of wellness.
- *Programs of wellness must include more than activity and fitness.* Corporate, commercial, school and other programs that use the term wellness should provide programs that truly promote all aspects of wellness and should be careful not to make claims that are not based on research. If programs are truly wellness programs (not fitness programs only) they must embrace all dimensions of wellness, not just the physical dimension. Further, any and all lifestyles that contribute to wellness must be included, not just physical activity.
- *Wellness can be a useful term that need not be avoided.* Acceptance of the World Health Organization declaration that health is more than freedom from disease and infirmity has been universal. Virtually all health experts acknowledge the need for a commitment to positive health through programs of health promotion rather than merely treatment and prevention. In spite of this agreement among experts, no uniform term has emerged around which experts can build a strong body of knowledge. Though often abused, wellness is a term that can provide a descriptor for the study and promotion of positive health. We recommend the acceptance of a uniform definition of wellness—if not the one proposed here, then another upon which experts can agree.

Physical Activity and Fitness Quote

**“Wellness is a multidimensional
state of being describing the existence
of positive health in an individual
as exemplified by quality of life
and a sense of well-being.**

Wellness, clearly understood, can be a useful term
for health promotion professionals and for the general
public. Wellness programs should promote
all of its many dimensions.”

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